Wyoming WIC Program PARTICIPANT COMMENT FORM

The Wyoming WIC Program is very interested in knowing about specific problems you have in using the program. Your comments and concerns will help us make the WIC Program work better for you and other participants. If you have a comment or a complaint, fill out this form and mail it to us. It does not need a stamp, and you do not have to give your name. Please fill out this form, fold in half, tape the end and mail it to us.

Your Name (Optional)
Your Address (Optional)
Your Phone Number (Optional)
(The above information is optional; however, we may wish to contact you for further information or to inform you of the follow-up taken.)
What one thing do you wish the WIC Program would change?
What would make your visit with WIC easier and more convenient?
Was the WIC or Grocery Store staff courteous and helpful? Yes No Please describe:
Local WIC Office or Grocery Store Address & City
Describe in detail the nature of the comment or complaint (if involving grocery staff, please include name and description of person):
Date(s) and time(s) during which action occurred:
(You may include more information on a separate paper if you wish and fold to the inside of this form.)
Participant Signature (optional):
Signature of person completing form (if other than who signed above):
THANK YOU FOR YOUR INPUT!
WIC Office Use Only:
Action Taken:
Signature: Date:

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Wyoming WIC Program
Department of Health
Community and Family Health Division
6101 Yellowstone Road
Suite 510
Cheyenne, Wyoming 82002